



*The Commonwealth of Massachusetts*  
*Alcoholic Beverages Control Commission*  
*239 Causeway Street*  
*Boston, MA 02114*  
[www.mass.gov/abcc](http://www.mass.gov/abcc)

**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400006

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JDS SPIRITS, INC.

DOING BUSINESS AS CARVER SQUARE WINE & SPIRITS

ADDRESS MAIN STREET, BLDG. #3

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: CHAPMAN,  
JONATHAN

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

BLDG. # 3, APPROX. 3600 SQ. FT. LOCATED ON FIRST FLOOR & APPROX. 3600 SQ. FT.  
ADDITIONAL LOCATED IN BASEMENT UNDER DEMISED PREMISES; 1 FRONT ENTRANCE,  
1 EXIT AT REAR, 1 EMERGENCY EXIT EAST SIDE OF BASEMENT FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400007

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PREMIER ENOTECA

DOING BUSINESS AS JAMIE'S FINE WINE & SPIRITS

ADDRESS 100 NORTH MAIN STREET

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: PANGIONE, GINA TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

APPROX. 2800 S/F OF ONE FLOOR RENTED SPACE LOCATED IN SUPERMARKET PLAZA  
USED AS PACKAGE STORE W/ STORAGE FOR INVENTORY, LOTTERY SALES AND  
SUNDRIES; 2 POINTS OF EGRESS - ONE FOR CUSTOMERS, ONE FIRE EXIT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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**OFF-PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400008

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DJC, INC

DOING BUSINESS AS CARVER MAIN STREET LIQUORS

ADDRESS 90 N. MAIN ST

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: KEANE, DENNIS K.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2400 SQ FT WITH FRONT ENTRANCE ON ROUTE 58. BACK ROOM FOR STORAGE WITH REAR DOOR AND NO CELLAR

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

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**OFF-PREMISESLICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400010

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: RAVI & MINI INC.

DOING BUSINESS AS DAVE'S CONVENIENCE AND LIQUORS

ADDRESS 239 TREMONT ST SO CARVER

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02366

MANAGER: PATEL, RAJESHRI TYPE OF LICENSE: Package Store CATEGORY: All Alcohol  
N.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOORS, RESIDENTIAL UPSTAIRS. ONE SALES FLOOR, ONE STORAGE ROOM AND  
CELLAR FOR STORAGE. ENTRANCE IN FRONT AND TWO REAR EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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DISAPPROVED: ☐

(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400013

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TIKI KYE, INC.

DOING BUSINESS AS TIKI KYE RESTAURANT

ADDRESS MONTELLO STREET

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: YIP, JUDY HOI  
MAN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SILCO MARKET PLACE, MONTELLO STREET, 6,000 SQ. FT. 200 SEAT CHINESE RESTAURANT, GROUND LEVEL WITH DINING ROOM, LOUNGE, FUNCTION ROOM, KITCHEN, AND STORAGE, FRONT MAIN ENTRANCE, REAR SERVICE ENTRANCE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE:

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400020

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Emma-Will LLC

DOING BUSINESS AS Cornerstone's

ADDRESS 96 NORTH MAIN ST

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: King, Tracey A

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

UNIT 9 IN STRIP MALL ,SINGLE STORY BLDG, ONE LARGE ROOM WITH RESTAURANT SEATING FOR 44. BAR SEATING 14,KITCHEN IN BACK. PUBLIC ENTRANCE AND EXIT

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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DISAPPROVED: ☐

(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400033

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: P & JV OF WEYMOUTH INC.

DOING BUSINESS A Mamma Mia's of Carver

ADDRESS 73 MAIN STREET

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: VISCARIELLO,  
SALVATORE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR RESTAURANT WITH BASEMENT STORAGE; 2 EXITS, HANDICAP  
ACCESSIBLE; SEATS 80; 2000 SQ. FT. AND PLANS TO BUILD A 14' X 36' EXTERIOR PATIO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400034

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARY A. BRADY

DOING BUSINESS AS STEPPING STONES BAR & GRILL

ADDRESS 66 MAIN STREET

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: BRADY, MARY A. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR 1300 SQ. FT. RESTAURANT WITH DINING AREA, BAR AREA, KITCHEN, 3 CLOSETS, TWO BATHROOMS AND ONE STORAGE CONTAINER IN BACK PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

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APPROVED: ☐

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(If disapproved explain)

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**ON PREMISES LICENSE RENEWAL APPLICATION**

LICENSE NUMBER: 017400035

CITY OR TOWN CARVER

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTH MAIN MANAGEMENT CORP.

DOING BUSINESS AS LITTLE RED SMOKEHOUSE

ADDRESS 145 SOUTH MAIN STREET

CITY/TOWN: CARVER

STATE: MA

ZIP CODE: 02330

MANAGER: VOGEL,  
CHRISTOPHER M.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

40X30 RESTAURANT SPACE CONSISTING OF 1326 SQ FT WITH FRONT AND REAR DOORS  
AND MALE AND FEMALE HANDICAPPED RESTROOMS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

**We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.**

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

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DATE: